

Form 1023 Checklist

(Revised June 2006)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

Note. Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- ☒ Assemble the application and materials in this order:
- Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- ☒ User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- ☒ Employer Identification Number (EIN)
- ☒ Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.
- ☒ Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- | | | | |
|------------|---|------------|---|
| Schedule A | Yes ____ No <input checked="" type="checkbox"/> | Schedule E | Yes ____ No <input checked="" type="checkbox"/> |
| Schedule B | Yes ____ No <input checked="" type="checkbox"/> | Schedule F | Yes ____ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ____ No <input checked="" type="checkbox"/> | Schedule G | Yes ____ No <input checked="" type="checkbox"/> |
| Schedule D | Yes ____ No <input checked="" type="checkbox"/> | Schedule H | Yes ____ No <input checked="" type="checkbox"/> |

- ☒ An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
- Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Page 1 Article III
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Page 2 Article V
- ☒ Signature of an officer, director, trustee, or other official who is authorized to sign the application.
- Signature at Part XI of Form 1023.
- ☒ Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011

**Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)
Whisketeers' Kitty Kingdom, INC.		
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)
3918 N. Prince St. PMB #3		46-2771458
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)
Clovis, New Mexico 88101-9702		12
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: (575) 219-7375
a Name: Laurie G. Vienneau		c Fax: (optional)
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9a Organization's website: www.whisketeers.org		
b Organization's email: (optional) whisketeers.org@gmail.com		
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 03 / 19 / 2013		
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. ☒ **Yes** ☐ **No**
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. ☐ **Yes** ☒ **No**
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. ☐ **Yes** ☒ **No**
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. ☐ **Yes** ☒ **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. ☐ **Yes** ☐ **No**
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. ☒ **Yes** ☐ **No**

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): **Page 1 Article III** ☒
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c. ☒
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. **Page 2 Article V**
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: ☐

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Laurie Vienneau	Executive Director	2312 Country Meadows Drive Clovis, NM 88101	none
Lesley Henson	Director of Operations	917 Rosewood Drive Clovis, NM 88101	none
Diane Ray	Assistant Director of Operations	1813 Bob Jay Drive Clovis, NM 88101	none
Glen Vienneau	Director of Finances	2312 Country Meadows Drive Clovis, NM 88101	none
See attached schedule 2			

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
n/a			

- c** List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
n/a			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? If "Yes," identify the individuals and explain the relationship. ☒ **Yes** ☐ **No**
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. ☐ **Yes** ☒ **No**
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ **Yes** ☒ **No**
- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. ☐ **Yes** ☒ **No**
- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☒ **Yes** ☐ **No**
- b** Do you or will you approve compensation arrangements in advance of paying compensation? ☒ **Yes** ☐ **No**
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? ☒ **Yes** ☐ **No**

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☒ **Yes** ☐ **No**
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☒ **Yes** ☐ **No**
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? ☒ **Yes** ☐ **No**
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. ☒ **Yes** ☐ **No**
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ **Yes** ☒ **No**
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ **Yes** ☒ **No**
- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. ☐ **Yes** ☒ **No**
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. ☐ **Yes** ☒ **No**

- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. ☒ **Yes** ☐ **No**
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at **arm's length**.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. ☐ **Yes** ☒ **No**

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b** Describe any written or oral arrangements you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f** Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a** In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. ☒ **Yes** ☐ **No**
- b** In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. ☒ **Yes** ☐ **No**
- 2** Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. ☒ **Yes** ☐ **No**
- 3** Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. ☒ **Yes** ☐ **No**

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1** Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. ☐ **Yes** ☒ **No**
- 2** Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. ☐ **Yes** ☒ **No**

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1** Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. ☐ **Yes** ☒ **No**
- 2a** Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.
- b** Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. ☐ **Yes** ☐ **No**
- 3a** Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. ☐ **Yes** ☒ **No**
- b** Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. ☐ **Yes** ☒ **No**
- c** List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) ☒ **Yes** ☐ **No**

☒ mail solicitations

☒ email solicitations

☒ personal solicitations

☒ vehicle, boat, plane, or similar donations

☒ foundation grant solicitations

☒ phone solicitations

☒ accept donations on your website

☐ receive donations from another organization's website

☒ government grant solicitations

☒ Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. ☐ **Yes** ☒ **No**

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. ☐ **Yes** ☒ **No**

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. ☐ **Yes** ☒ **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. ☐ **Yes** ☒ **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. ☐ **Yes** ☒ **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. ☐ **Yes** ☒ **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. ☐ **Yes** ☒ **No**

b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. ☒ **Yes** ☐ **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. ☒ **Yes** ☐ **No**
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. ☐ **Yes** ☒ **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. ☐ **Yes** ☒ **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. ☐ **Yes** ☐ **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. ☐ **Yes** ☐ **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. ☐ **Yes** ☐ **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. ☐ **Yes** ☒ **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. ☐ **Yes** ☐ **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☐ **Yes** ☐ **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ **Yes** ☐ **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. ☐ **Yes** ☐ **No**

Part VIII Your Specific Activities (Continued)

- | | | |
|-----------|--|---|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
		(a) From <u>03/22/13</u> To <u>12/31/13</u>	(b) From <u>01/01/14</u> To <u>12/31/14</u>	(c) From <u>01/01/15</u> To <u>12/31/15</u>	(d) From _____ To _____	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	5,000	12,000	15,000		32,000
	2 Membership fees received	0	0	0		
	3 Gross investment income	0	0	0		
	4 Net unrelated business income	0	0	0		0
	5 Taxes levied for your benefit	0	0	0		
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		0
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)	0	0	0		0
	8 Total of lines 1 through 7	5,000	12,000	15,000		
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	0	0		0
	10 Total of lines 8 and 9	5,000	12,000	15,000		
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0		0
	12 Unusual grants	0	0	0		
Expenses	13 Total Revenue Add lines 10 through 12	5,000	12,000	15,000		32,000
	14 Fundraising expenses	250	500	500		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0		
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0		
	17 Compensation of officers, directors, and trustees	0	0	0		
	18 Other salaries and wages	0	0	0		
	19 Interest expense	0	0	0		
	20 Occupancy (rent, utilities, etc.)	1,600	4,800	4,800		
	21 Depreciation and depletion	0	0	0		
	22 Professional fees	0	0	0		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	5,000	5,000	7,000		
	24 Total Expenses Add lines 14 through 23	6,850	10,300	12,300		

Part IX Financial Data (Continued)**B. Balance Sheet (for your most recently completed tax year)**Year End: **2013**

Assets		
1	Cash	1
2	Accounts receivable, net	2
3	Inventories	3
4	Bonds and notes receivable (attach an itemized list)	4
5	Corporate stocks (attach an itemized list)	5
6	Loans receivable (attach an itemized list)	6
7	Other investments (attach an itemized list)	7
8	Depreciable and depletable assets (attach an itemized list)	8
9	Land	9
10	Other assets (attach an itemized list)	10
11	Total Assets (add lines 1 through 10)	11
		2,920
Liabilities		
12	Accounts payable	12
13	Contributions, gifts, grants, etc. payable	13
14	Mortgages and notes payable (attach an itemized list)	14
15	Other liabilities (attach an itemized list)	15
16	Total Liabilities (add lines 12 through 15)	16
Fund Balances or Net Assets		
17	Total fund balances or net assets	17
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18
		-2,080
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	
	<input type="checkbox"/> Yes	

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a** Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. ☐ Yes ☒ No
If you are unsure, see the instructions.
- b** As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. ☐
- 2** Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. ☐ Yes ☐ No
- 3** Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. ☐ Yes ☐ No
- 4** Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? ☐ Yes ☐ No
- 5** If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
- The organization is not a private foundation because it is:
- a** 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A. ☐
- b** 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B. ☐
- c** 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. ☐
- d** 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D. ☐

Part X Public Charity Status (Continued)

- e** 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐
- f** 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐
- g** 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☒
- h** 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐
- i** A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☐

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

.....
(Signature of Officer, Director, Trustee, or other
authorized official)

.....
(Type or print name of signer)

.....
(Date)

.....
(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☐

(i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____ ☐

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐

(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box. ☐

- 7** Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ **Yes**

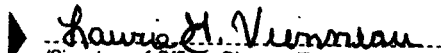
Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☐ Yes ☒ No
If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change). ☐
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change). ☒

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please
Sign
Here


(Signature of Officer, Director, Trustee, or other
authorized official)

Laurie G. Vienneau
(Type or print name of signer)

Executive Director

(Type or print title or authority of signer)

June 20, 2013
(Date)

Form 1023	Page 2
Part IV	Narrative Description of Your Activities

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

See Bylaws: Articles II and III for organizational purpose and mission.

As of March 19, 2013, Whisketeers' Kitty Kingdom and its volunteers provide shelter, food, water, and medical care for fifty-three, homeless cats in Curry County, New Mexico. Furthermore, ten of these cats are considered senior cats, and a few of the male cats have litter box issues which make them hard to place within a home. Therefore, these cats will be provided with a lifetime of love and care by our volunteers for their natural lifespan and will be totally supported by public donations, gifts, and organized fundraisers.

In the near future, Whisketeers' Kitty Kingdom will begin to actively market and search for responsible, loving homes for each of the adoptable cats in our care by regularly posting them on our website and other animal-related media sites and by holding monthly adoption events at various businesses in our local area. Moreover, our volunteers will screen each potential adopter by checking references and by doing in-home checks to verify that our cats are being placed into loving, indoor environments with proper care.

In addition, we will soon begin accepting new cats/kittens into our sanctuary as we have space and funds available. These cats will most likely come from individuals who have passed away or are being given away due to abandonment, feline behavioral problems, or disabilities or have entered into the local animal control system. Upon entering our facility and program, each cat/kitten will be given a medical exam, tested for FIV/L, given the appropriate vaccinations, and spayed/neutered.

(Continued on schedule 2)

Our organization would also like to assist our community in "Trapping, Neutering, and Returning" (TNR) feral cats that live within our local area, especially over populated areas, by providing traps and assistance to local citizens in the trapping of these felines and by helping to defer the cost of the sterilization procedures. Furthermore, we would like to mentor and educate our fellow citizens on how to care for these felines by providing feeding stations and outdoor shelters during inclement weather. All funds to provide these services will come from the generous donations of our supporters and/or grants that we may receive.

Another important program that we will implement in the future is the use of microchips in our felines. First, we would like to implement the use of microchips for all of our felines so that our cats can be easily identified and reclaimed should they accidentally stray from our sanctuary or their new, adoptive homes. In addition, we would like to educate local cat owners on the importance of micro-chipping their own feline companions so that our local pound will be able to easily identify any stray cats that are impounded; thereby ensuring that these cats are promptly returned to their owners and not euthanized because their owners failed to reclaim them. This program, when implemented, will be funded by public donations, gifts, and organized fundraisers.

Last, our organization and its volunteers would like to extend our knowledge and help to those in the surrounding community who may need advice, mentoring, or information about their felines or help with placing their felines in a suitable environment if the need arises. Whisketeers' Kitty Kingdom will provide access on its website to various links with reputable information about feline behavior and will also provide access to important and informative literature for educational purposes so that more people will be able to keep their feline companions for their natural lifespan. However, if a new home is needed for their companion, Whisketeers' Kitty Kingdom will maintain a database of organizations that may be able to help in such cases so that the animal does not enter into the public animal control system.

Form 1023	Page 2
Part V: 1a	Compensation Arrangements of Officers

1(a) List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation. (Continued)

Name	Title	Mailing Address	Compensation Amount
Laurie Vienneau	President	2312 Country Meadows Dr., Clovis, NM 88101	None
Diane Ray	Vice-President	1813 Bob Jay Drive, Clovis, NM 88101	None
Trevor Thron	Secretary	1620 B Morse Avenue, Clovis, NM 88101	None
Glen Vienneau	Treasurer	2312 Country Meadows Dr., Clovis, NM 88101	None
Lesley Henson	Sanctuary Manager	917 Rosewood Drive, Clovis, NM 88101	None
Jessica Vienneau	Media Relations Officer	2312 Country Meadows Dr., Clovis, NM 88101	None
Laurie Vienneau	Fundraising Officer	2312 Country Meadows Dr., Clovis, NM 88101	None
Rick Henson	Website/Animal Records Manager	917 Rosewood Drive, Clovis, NM 88101	None
Kara Allman	Volunteers Manager	#8 Palmer Court Clovis, NM 88101	None
Kimberly Vienneau	Adoption/Foster Officer	2312 Country Meadows Dr., Clovis, NM 88101	None
Jessica Vienneau	Social Media Officer	2312 Country Meadows Dr., Clovis, NM 88101	None

Form 1023	Page 3
Part V: 2a	Familial Relationships

2(a) Are any of your officers, directors, or trustees related to each other through family or business relationships? If "Yes," identify the individuals and explain the relationship.

Laurie Vienneau, the Executive Director and President, and Glen Vienneau, the Director of Finances and Treasurer, are husband and wife.

Jessica and Kimberly Vienneau, two of Whisketeers' Kitty Kingdom officers, are the daughters of Laurie and Glen Vienneau.

Lesley Henson, the Director of Operations and Sanctuary Manager, and Rick Henson, the Website/Animal Records Manager, are husband and wife.

Form 1023	Page 3
Part V: 3a	Names, Qualifications, and Duties

3(a) For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

Laurie Vienneau is the Executive Director, original incorporator, President of Whisketeers' Kitty Kingdom, and its Fundraising Officer. She has had many wonderful companions, including both cats and dogs in her life, and has ensured that each one was loved and cared for his/her entire natural life. She also has actively participated in local animal rescue for three years and has been a committed volunteer at a local feline sanctuary. Laurie devotes at least 20+ hours each week to the corporation. Her specified duties are listed in the Bylaws under Article V. Section 2. Parts A. and G. and mainly consist of coordinating the activities and overseeing the financial concerns of the organization and scheduling various fundraisers to help secure funds for current needs and future reserves. In addition to these specified duties, she also actively participates in the direct care of feline residents on almost a daily basis.

Lesley Henson is the Director of Operations for Whisketeers' Kitty Kingdom and the Sanctuary Manager, and she has always been an avid cat lover—having cats in her life from as far back as she can remember. One of her favorite activities is interacting with nervous/shy cats. Further, from August 2006 to February 2013, she was a dependable volunteer at a local feline sanctuary and a paid member of the staff from July 2007 to July 2013. As a volunteer and staff member, she was responsible for cleaning the sanctuary; providing medical care for the cats such as administering medications and doctoring wounds; ensuring that all needed cat supplies were stocked; and feeding, grooming, and playing with the sanctuary cats. Lesley also fostered many of the sanctuary cats/kittens when they needed round-the-clock medical care. Her specified duties are listed in the Bylaws under Article V. Section 2. Part E. which entrust her with the daily operations and needs of the sanctuary. However, along with her specified duties, Lesley commits no less than 20+ hours a week to the direct care of the sanctuary kitties and is an invaluable asset to the organization.

(Continued on Schedule 6)

Diane Ray is the Assistant Director of Operations and Vice-President for Whisketeers' Kitty Kingdom, and she has been connected and devoted to cats and dogs for most of her life. Further, she has owned many cats that have lived into their late teens thanks in part to her love and care. Diane also volunteered at a local cat sanctuary from July 2005 until it closed in February of 2013. Not only did she help with the individual care of the cats such as grooming and giving them their medications, she also helped to keep the sanctuary clean and tidy. Moreover, Diane also participated in many of the fundraisers that the sanctuary conducted. Her current, specified duties are listed in Article V. Section 2. Part B. and consist of being readily available to assume the office of President if the need arises. In addition to these duties, she also spends 6+ hours a week helping with the direct care of the feline residents.

Glen Vienneau is the Director of Finances and Treasurer of Whisketeers' Kitty Kingdom. Glen is a retired Master Sergeant from the United States Air Force and is currently employed by the city of Clovis, NM as a Code Inspector. Glen has had many animals in his life, including both cats and dogs. He also has volunteered at a local feline sanctuary and helped clean and care for the many cats that resided there. Glen spends about two to four hours each week performing his duties for Whisketeers' Kitty Kingdom. His duties are listed in Article V. Section 2. Part D. and mainly consist of overseeing the financial status of the organization and recording its financial transactions. Further, he also devotes many hours each week to the individual care of the sanctuary kitties and to the upkeep of the facility.

Trevor Thron is the Secretary of Whisketeers' Kitty Kingdom. Trevor is currently employed by the city of Clovis, NM as a police detective for the Clovis Police Department. Trevor has always had animals as companions in his life and has volunteered numerous hours at the local sanctuary where he helped to clean the facilities. As Secretary for Whisketeers' Kitty Kingdom, Trevor spends a couple of hours a month administering his duties which consist of keeping records of all meetings and counting cash received at fundraisers. A detailed list of his duties is found in Article V. Section 2. Part C.

Jessica Vienneau is the Media Relations Officer and Social Media Officer for our organization. Jessica is a full-time librarian and loves to pet-sit for the local community. Jessica loves all animals and has volunteered at the local feline sanctuary for three years where she helped to clean the facility and take care of its residents. As the Media Relations Officer and Social Media Officer, Jessica devotes as many as 7+ hours a week. Her assigned duties are listed in Article V. Section 2. Parts F. and K. of the organization's bylaws and mainly consist of marketing and promoting special events and producing the organization's newsletter.

(Continued on Schedule 7)

Rick Henson is the Website/Animal Records Manager for Whisketeers' Kitty Kingdom. Rick is retired from the United States Air Force and has been self-employed for many years. Rick also has a love for animals and has had many in his life. Rick volunteered for a local sanctuary and helped to maintain the facility and conduct its many fundraisers. As the Website/Animal Records Manager, Rick's duties are listed in Article V. Section. 2. Part H., and he spends about 10+ hours a month fulfilling his duties. His duties mainly consist of building and maintaining the organization's website and keeping its animals' records current.

Kara Allman is the Volunteers Manager for Whisketeers' Kitty Kingdom. Kara is a homemaker and also does pet-sitting for the local community. Kara has a love for animals and volunteered at a local cat sanctuary until it closed in February of 2013. As the Volunteers Manager, Kara spends about 8+ hours a month. Kara's duties are listed in Article V. Section 2. Part I. and consist of scheduling and providing orientation for new volunteers. In addition to these duties, Kara also volunteers to help care for the sanctuary kitties on a weekly basis.

Kimberly Vienneau is the Adoption/Foster Officer for Whisketeers' Kitty Kingdom. Kimberly is an avid animal lover and spends most of her days taking care of the feline residents. Kimberly volunteered at a local feline sanctuary for three years until it closed in February 2013. At the sanctuary, she helped to clean the facility; feed, water, and medicate the cats when needed; and groom, play, and socialize with them. As the Adoption/Foster Officer for Whisketeers' Kitty Kingdom, Kimberly spends an average of 12+ hours a month performing her specified duties. Kimberly's duties are listed in the organization's bylaws in Article V. Section 2. Part J., and they mainly consist of scheduling adoption events at various sites, conducting reference and in-home checks on potential adopters, and providing follow-up visits on adopted and fostered cats. In addition, Kimberly spends approximately 14+ hours each week providing necessary love and care for all of the felines in the organization's care.

Form 1023	Page 4
Part V: 5a	Conflict of Interest Policy

5(a) Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board.

Article VIII of Whisketeers' Kitty Kingdom's Bylaws was unanimously adopted by the Board of Directors on May 9, 2013.

Article VIII Conflict of Interest

Section 1. No person on the Board shall use their position for undue personal gain and they shall at all times avoid conduct which would diminish the public confidence in WKK; therefore, if any matter pending before the Board is of such nature as to prevent a member from acting in an impartial manner, that member will offer to the Board to voluntarily excuse him/herself and will refrain from discussion or voting on said item.

Form 1023	Page 4
Part V: 8a	Leases, Contracts, Loans, & Agreements

8(a) Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.

(b) Describe any written or oral arrangements that you made or intend to make.

(c) Identify with whom you have or will have such arrangements.

(d) Explain how the terms are or will be negotiated at arm's length.

(e) Explain how you determine you pay no more than fair market value or you are paid at least fair market value.

(f) Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Whisketeers' Kitty Kingdom has an oral agreement with Laurie and Glen Vienneau for a start-up loan to establish funds for the organization's immediate needs until the organization can establish public support and begin organizing fundraisers to sustain its monetary needs. The start-up loan is for \$5,000 (with no interest due) and can be repaid as funds become available in the future after current needs are met. The loan was proposed by Laurie Vienneau and was discussed and agreed to by the two Board members that are not related to her.

Whisketeers' Kitty Kingdom will, in the near future, rent a facility from Laurie and Glen Vienneau to house its feline residents. The rent will be discussed and agreed upon, in seclusion, by the Board members and Officers that are not related to Laurie or Glen. Said rent will be based upon other facilities of similar structure and size in the surrounding community and will be provided at a reduced rate compared to the fair market value since the landlord is the incorporator of the organization. Rent will be paid on a monthly basis for as long as the organization has need.

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Part VI: 1a	Goods, Services, or Funds Provided

1(a) In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.

Whisketeers' Kitty Kingdom may provide cat food and/or litter to those unable to provide these necessities for their felines and may help to offset the costs of sterilization for felines in our community through a voucher program.

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Part VI: 1b	Goods, Services, or Funds Provided

1(b) In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.

Whisketeers' Kitty Kingdom may render the necessary funds to an organization that provides mobile sterilization clinics so that they will come to our community to provide their services in spaying/neutering local felines to decrease the number of homeless and abandoned cats in our city.

Form 1023	Page 5
Part VI: 2	Limitations of Goods, Services, or Funds

2. Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.

An individual may qualify for the programs listed above based upon their household income. The income level to qualify for the programs will be reviewed and adjusted periodically by the Board of Directors and income limits will be set based upon availability of funds and the needs of the community.

Form 1023	Page 5
Part VI: 3	Goods, Services, or Funds to Family

3. Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.

All individuals, regardless of relationship status to any of the Directors or Officers, will be selected and qualified for the above programs based upon the same income criteria that all participants must meet.

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Part VIII: 4a	Specific Activities

4(a) Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. Attach a description of each fundraising program.

Mail solicitations: Whisketeers' Kitty Kingdom will compile a mailing list of current and potential donors and conduct a direct mail fundraising campaign. The solicitation may include an informational brochure or newsletter and will encourage donors to visit the organization's website (www.whisketeers.org) to learn more about the organization and to make secure donations via Paypal. Offline transactions, such as written checks will also be accepted via the United States Postal Service.

Email solicitations: Email solicitations will be sent to potential individual donors or organizations that have voluntarily provided their email addresses to Whisketeers' Kitty Kingdom. No unsolicited email will be sent by Whisketeers' Kitty Kingdom. Email solicitations will encourage donors to visit our website to make a secure donation via Paypal. Offline transactions, such as written checks will also be accepted.

Personal solicitations: Personal solicitations will be made at various events and fundraisers. All personal solicitations will be made by Whisketeers' Kitty Kingdom volunteers, Officers, and/or Directors.

Vehicle, boat, plane, or similar donations: Whisketeers' Kitty Kingdom may accept real property, vehicles, or collections according to New Mexico state law for its personal use or to be sold and the funds collected to be used in the stated purpose of the corporation according to its Articles of Incorporation.

Foundation grant solicitations: Charitable foundations with similar interests and goals as those of Whisketeers' Kitty Kingdom will be identified, and written requests for funding will be submitted according to the grant guidelines and instructions.

Phone solicitations: Whisketeers' Kitty Kingdom does not currently have plans to solicit donations via a comprehensive telephone campaign. However, telephone solicitations may be made during the course of telephone conversations from time-to-time by various volunteers, Officers, or Directors of the organization. However, at some point in the future, donations may be solicited via an organized telephone campaign directed to past donors or other parties demonstrating interest in the goals and activities of Whisketeers' Kitty Kingdom.

(Continued on Schedule 13)

Accept donations on your website: In the near future, Whisketeers' Kitty Kingdom will accept donations via Paypal or through monthly sponsorship of individual felines via direct deposit into an established account for Whisketeers' Kitty Kingdom. Prospective donors will be advised of the deductibility of contributions consistent with IRS regulations. Donors will also be directed to consult their own tax advisor for additional information. In response to a donation, donors will receive either an electronic or mailed receipt/confirmation of their donation.

Government grant solicitations: Whisketeers' Kitty Kingdom may seek government grant money to help sterilize local felines in the surrounding community if such grants exist from city, county, or state jurisdictions.

Other: Whisketeers' Kitty Kingdom will hold an annual rummage sale in the spring or autumn of each year. All items for the sale will be donated in new or used condition, and all of the profits will be used for the felines' medical care including vaccinations, dental, spaying/neutering, or emergency medical care. In addition, Whisketeers' Kitty Kingdom will also hold various other small fundraisers throughout the year to supplement income for litter, food, and cleaning supplies. These fundraisers may include bake sales, car washes, "spaghetti" dinners, and the like. All items used or sold for these fundraisers will be donated to the organization, and the organization's volunteers will provide said services to the public without compensation.

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Part VIII: 4d	States and Local Jurisdictions

4(d) List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

Whisketeers' Kitty Kingdom will conduct fundraising in Eastern New Mexico and the West Texas Panhandle, with most of its fundraising being conducted in the locale of Curry County, New Mexico. However, Whisketeers' Kitty Kingdom addresses its fundraising appeals to those who support common goals as Whisketeers' Kitty Kingdom, and as such, donors may reside in any locale within the United States. All fundraisers will be conducted by the organization's volunteers, and all proceeds and donations will directly benefit Whisketeers' Kitty Kingdom.

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Schedule 14

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Pages 6, 7: Part VIII: 10; 11

Form 1023	Page 6
Part VIII: 10	Copyrights, Patents, and Trademarks

10. Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.

Although Whisketeers' Kitty Kingdom, in the normal course of its activities, creates materials such as newsletters, brochures, booklets, and web pages, that constitute "intellectual property," it has never exploited such materials for commercial purposes, and has no intention to do so in the future. These materials are produced strictly in support of the organization for educational or fundraising purposes. Whisketeers' Kitty Kingdom will retain all rights to its name and logo and may in the future choose to trademark or copyright these items for the corporation's personal use. However, no fees will be charged for their use, and they will only be privately published for the corporation's personal use.

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Part VIII: 11	Accepting Various Contributions

11. Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.

Whisketeers' Kitty Kingdom may accept real property, vehicles, or collections according to New Mexico state law for its personal use or to be sold and the funds collected to be used in the stated purpose of the corporation according to its Articles of Incorporation. At this time, no such items have been received or donated for the organization's use.

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Part IX: Section A. 23	Program Services' Expenses

Section A. 23. Any expense not otherwise classified, such as program services.

This expense will encompass necessary supplies for the daily operation of the cat sanctuary such as: cat food, cat litter, and cleaning supplies. Also, this amount will encompass veterinary care for the felines such as annual vaccinations, spaying/neutering, and necessary medical care.

The following is the approximate annual cost of said item(s) for the organizations first active year:

Cat food:	\$1,000
Cat litter:	\$600
Cleaning supplies:	\$400
Vaccinations:	\$400
Spaying/neutering:	\$600
Medical care:	\$2,000

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Part IX: Section B. 15	Other Liabilities

15. Other liabilities.

As described in Part V: 8b, Whisketeers' Kitty Kingdom has received a \$5,000, no-interest loan from Laurie and Glen Vienneau, two of its Directors, to pay its formation expenditures and necessary bills until donations can be established and fundraising can commence